Polypharmacy
Standardised care process

Objective

To promote evidence-based practice in the management of medicines for older people who live in residential care settings to minimise the risks associated with polypharmacy.

Why managing medication is important

The number of medicines a person uses will increase where there are multiple comorbid health conditions. Careful management of medicines can reduce the risks associated with polypharmacy (DoHA 2020; Podder 2019).

Definitions

Medication management includes:

- how medicines are selected, ordered and supplied
- how people take medicines or are assisted to take them
- how medicine use is recorded and reviewed
- how medicines are stored and disposed of safely
- how medicine use is supported, monitored and evaluated (DoHA 2020, p. 85).

Medicine: a substance given with the intention of preventing, curing, controlling or alleviating disease or otherwise enhancing the physical or mental welfare of people. Includes prescription and non-prescription medicines, complementary health care products, irrespective of the administered route (DoHA 2020, p. 86).

Polypharmacy: the concurrent use of five or more medicines (DoHA 2020, p. 87). This standardised care process (SCP) refers to the use of nine or more medications as polypharmacy to reflect the Victorian Department of Health and Human Services' PSRACS quality indicators (2017).

Appropriate polypharmacy: prescribing for a person for complex conditions or multiple conditions in circumstances where medicines use has been optimised and where the medicines are prescribed according to best evidence (NICE 2019, p 3).

Problematic polypharmacy: the prescribing of multiple medicines inappropriately, or where the intended benefits from the medicines are not realised (NICE 2019, p 3).

Team

Manager, registered nurses (RNs), enrolled nurses (ENs), personal care attendants (PCAs), leisure and lifestyle staff, general practitioner (GP), pharmacists, allied health professionals (such as a physiotherapist, occupational therapist, exercise physiologist), residents and/or family or carers.

Acknowledgement

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Brief standardised care process

Recognition and assessment

- Assess for polypharmacy:
  - on admission
  - any time the resident's condition changes
  - when a new medicine is ordered
  - when the resident is taking nine or more medicines.
- On admission:
  - conduct a general assessment with the resident's GP
  - review the resident's current medications with GP, pharmacist and resident.
- Set a date for a routine medication review and record the date in the resident's medicine chart.

Interventions

- Maintain accurate, timely and contemporary medication records.
- Communicate the assessment outcomes to the healthcare team.
- Ensure only competent, appropriately trained staff administer medicines.
- Monitor medicines for inappropriate orders (for example, an inappropriate medicine for the resident, the wrong dose or the potential for interaction with other medicines).
- Document the reason (indication) for each drug.
- Document the resident's response to their medicines.
- Document any adverse responses to medicines and report them to the resident's GP.
- Facilitate self-medication where the resident is able and wishes to do so.
- Ensure that an accurate, up-to-date list of medications accompanies residents to specialist appointments or hospital visits.
- Ensure the care facility has a system for recording and reviewing any medication adverse events or errors.

Referral

- GP
- Pharmacist
- Medication Advisory Committee

Evaluation and reassessment

- Monitor the effectiveness of medicines and any side effects and/or adverse reactions.
- Review all medications annually or if the resident's condition changes, a new medicine is ordered, or when the resident is taking nine or more medicines.

Resident involvement

- Information/education regarding each medicine
- Right to refuse medications
- Self-medication if appropriate

Staff knowledge and education

- Safe medication management (legislation, regulations, professional responsibility and delegation in medication management)
- Contemporary knowledge of pharmacology and health assessments
- Issues relating to medicines in older people
- Clinical judgement in medicine use (for example, why administering, how to administer, when to administer or not to administer, recognition of side effects and adverse reactions)

Full standardised care process

Recognition

Polypharmacy is recognised by an assessment:

- on admission
- any time the resident's condition changes
- when a new medicine is ordered
- when the resident is taking nine or more medicines.

Assessment

- With the resident's GP, the resident and/or their carer, conduct a general assessment of the resident including their:
  - medical history
  - current medical conditions
  - known allergies to medicines or their ingredients and type of reaction
  - cognition
  - mood
  - wishes and goals for treatment
  - ability to swallow tablets or need for alternative formulations
  - ability to manage own medicines (such as using an inhaler).
- With a GP, pharmacist, the resident and/or their carer, check the resident's medications to assess their potential for causing current or future problems, including:
  - non-prescription, complementary and alternative medicines
  - recreational drug and alcohol use
  - what medicines are prescribed (including the dose, route frequency and duration of treatment)
  - why they are prescribed
  - who prescribed them
  - how long the resident has been taking them and how reliably
  - their effectiveness
  - any discrepancies between the medicines currently taken and those prescribed.
- With a GP, pharmacist, the resident and/or their carer, identify:
  - duplicate medicines
  - where it might be possible to cease medicines or reduce the dose

- potential high-risk medications (medicines that pose problems when used in older people)
- side effects or reactions to medicines
- which medications need ongoing monitoring, such as blood tests, and document how often that is required (for example, anticoagulants, digoxin)
- the potential for interactions between drugs.
- Set a date for a routine medication review and record the date in the resident's medicine chart.
- Conduct a regular review of medicines at any time as stipulated in the regulations.

Interventions

- Maintain accurate, timely and contemporary records of medicines and medicine-related correspondence.
- Ensure the outcomes of the assessment and/or Residential Medication Management Review are communicated to relevant members of the healthcare team.
- Ensure only competent, appropriately trained staff administer medicines.
- Facilitate self-medication where the resident is able and wishes to do so.
- Monitor medicines for inappropriate orders (for example, inappropriate medicine for the resident, the wrong dose, the potential for interactions with other medicines).
- Document the reason (indication) for each drug.
- Document the resident's response to medicines.
- Document any adverse responses to medicines and report these to the resident's GP.
- Use a computerised drug management system if possible.
- Ensure that an accurate, up-to-date list of medications accompanies residents to specialist appointments or hospital visits.
- Ensure the care facility has a system for recording and reviewing any medication adverse events or errors.
- Use appropriate dose administration aids.

Referral

- GP
- Pharmacist for Residential Medication Management Review
- Medication Advisory Committee

Evaluation and reassessment

- Monitor the effectiveness of medicines and recognise side effects and/or adverse reactions.
- Check medications to assess their potential for causing current or future problems:
  - annually
  - if the resident's condition changes
  - when a new medicine is ordered
  - when the resident is taking nine or more medicines.

Resident involvement

- Information/education regarding each medicine
- Right to refuse medications
- Self-medication if appropriate

Staff knowledge and education

- Safe medication management (legislation, regulations, professional responsibility and delegation in medicine management)
- Contemporary knowledge of pharmacology and health assessments
- Issues relating to medicines in older people
- Clinical judgement regarding medicine use (for example, why administering, how to administer, when to administer or not to administer, recognition of side effects and adverse reactions)

Evidence base

Department of Health 2012, *Strengthening care outcomes for residents with evidence (SCORE),* Ageing and Aged Care Branch, State Government of Victoria, Melbourne.

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Important note: This standardised care process (SCP) is a general resource only and should not be relied upon as an exhaustive or determinative clinical decision-making tool. It is just one element of good clinical care decision making, which also takes into account resident/patient preferences and values. All decisions in relation to resident/patient care should be made by appropriately qualified personnel in each case. To the extent allowed by law, the Department of Health and the State of Victoria disclaim all liability for any loss or damage that arises from any use of this SCP.